



LIEN SALE PROPERTY EXEMPTION APPLICATION

One- to three family homes and residential condos will not be included in future lien sales if they qualify for one of the following: a Senior Citizen, Disabled Homeowner, Combat Veteran or Disabled Veteran exemption. In addition, they will not be included in future lien sales if they are eligible as a result of filing a "Military Personnel Application" or if they receive the NYS Property Tax Credit (Circuit Breaker) for tax year 2017.

Please mail this application within 20 days of receipt with ALL REQUIRED DOCUMENTS to:

NYC Department of Finance, P.O. Box 311, Maplewood, NJ 07040-0311

DOF will notify you whether or not you have been approved or denied for any exemptions.

Please check the box of each exemption you are requesting and complete the corresponding sections:

| | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Senior Sections 1, 2, 3, 7 | <input type="checkbox"/> Disabled Sections 1, 2, 3, 7 | <input type="checkbox"/> Veteran Sections 1, 2, 4, 7 | <input type="checkbox"/> Military Active Duty Sections 1, 2, 5, 7 | <input type="checkbox"/> Circuit Breaker Credit Sections 1, 2, 6, 7 |
|---|---|--|---|---|

SECTION 1 - PROPERTY INFORMATION

Address _____
 HOUSE NUMBER _____ STREET NAME _____ APARTMENT NUMBER _____
 Borough Block Lot _____
 Your property's BBL can be found on the notice received with this form or at www.nyc.gov/finance
 BOROUGH _____ BLOCK _____ LOT _____

SECTION 2 - OWNER INFORMATION

Owner #1 _____
 FIRST NAME _____ LAST NAME _____
 Social Security #: [][][][][][] Date of Birth: [][][][][][] Phone: _____
 MM DD YYYY
 Email: _____ Is this your Primary Residence? YES NO

Owner #2 _____
 FIRST NAME _____ LAST NAME _____
 Social Security #: [][][][][][] Date of Birth: [][][][][][] Phone: _____
 MM DD YYYY
 Email: _____ Is this your Primary Residence? YES NO

Indicate your relationship between owners: _____
If there are more than two owners, please attach a sheet detailing Owner Information for each additional owner.

SECTION 3 - SENIOR CITIZEN & DISABLED HOMEOWNER'S EXEMPTIONS ELIGIBILITY

| Question 1 | YES | NO |
|---|-----|----|
| Did any of the owners file taxes in 2016? | | |
| If you checked YES , please submit the following REQUIRED documents: <input type="checkbox"/> Copies of 2016 Federal tax returns and schedules/attachments for all owners . <input type="checkbox"/> If any owner was not required to file in 2016, please submit proof of earnings for 2016 (copies of W-2 forms, 1099 forms, etc.) Please write the names of all owners NOT required to file in 2016 and reason why. Owner: _____ Reason: _____ Owner: _____ Reason: _____ <i>If there are more than two owners that didn't file, please attach a sheet with the additional owners' names and reasons why.</i> | | |
| Question 2 | YES | NO |
| Do any of the owners, their spouse or registered domestic partner receive any disability income , such as: Social Security Disability Insurance, Supplemental Security Income, Railroad Retirement Disability Benefits or a Disability Pension? | | |
| If you checked YES , please submit at least ONE (1) of the following REQUIRED documents: <input type="checkbox"/> Copy of the award letter from the Social Security Administration, Railroad Retirement Board or the U.S. Postal Service OR the State Commission for the Blind and Visually Handicapped | | |

SECTION 4 - VETERAN EXEMPTION ELIGIBILITY

| Question 1 | YES | NO | If YES, list years of service (for example: 1965 - 1972) |
|--|-----|----|---|
| Are any of the owners a veteran? | | | |
| Are any of the owners a spouse or unremarried widow/er of a veteran? | | | |
| Are any of the owners a parent of a soldier killed in action? | | | |
| Did the veteran serve in a combat zone or theater? | | | |

If you checked **YES to any box**, please submit the following REQUIRED document for each veteran:

Copy of the DD-214 or separation papers

| Question 2 | YES | NO |
|---|-----|----|
| Was the veteran disabled in the line of duty? | | |

If you checked **YES**, please submit the following REQUIRED document for each veteran:

Copy of a letter from the VA documenting the disability rating issued within the last 12 months

| Question 3 | YES | NO |
|--|-----|----|
| If you currently have an Eligible Funds (Old Law Veterans Exemption), did you purchase the property with funds awarded for POW compensation? | | |

SECTION 5 - ACTIVE DUTY MILITARY PERSONNEL ELIGIBILITY

| Question 1 | YES | NO |
|--|-----|----|
| Is one of the owners an active member of the military or a reservist ordered to report for induction or military service? | | |
| Are you a service member's spouse, dependent or anyone for whom the service member provided at least 50% of their support for the past six months? | | |

If you checked **YES**, please submit the following REQUIRED document:

Download the **Military Personnel Application** from www.nyc.gov/finance, complete it and submit it with this form

SECTION 6 - NYS REAL PROPERTY FOR HOMEOWNERS (CIRCUIT BREAKER CREDIT) ELIGIBILITY

| |
|--|
| Did you receive the New York State Property Tax Credit (Circuit Breaker) for Tax Year 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|

If you checked **YES**, please submit the following REQUIRED document:

Copy of 2017 NYS Form IT-214 (Claim for Real Property Tax Credit).

SECTION 7 - CERTIFICATION

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit, and should Finance determine that I do not qualify for tax exemptions, I will be responsible for all applicable taxes due plus accrued interest.

OWNER 1: _____
SIGNATURE DATE

OWNER 2: _____
SIGNATURE DATE

If there are more than two owners, please attach a sheet with the additional owners' signatures and dates.

PRIVACY ACT NOTIFICATION

Under the Federal Privacy Act of 1974, if we ask you to give us your social security number, we must tell you whether or not you are obligated to provide us with the social security number, our legal right to ask you for the information, and how we plan to use it. You must list your taxpayer identification number (social security number or employer identification number) in order to apply for an exemption from real property taxes. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our legal right to require this information is contained in Section 11-102.1 of the Administrative Code. This authorizes the Department of Finance to require any person to provide a taxpayer identification number so that we may administer and collect taxes.

Don't forget to mail back this form with all REQUIRED documents!
Please call 311 with any questions.